

Please type a plus sign (+) inside this box +

PTO/SB/01 (10-00) Approved for use through 10/31/2002, OMB 0651-0032

Under the Paperwo	rk Reduction Act of 1995, no perso	ons are required t		tent and Trademark	Office; U.S		OF COMMERCE	
DEC	LARATION		Attorney Doo	cket Number	END-	5255		
	AND OF ATTORNEY		First Named	Inventor	Biten	K. Kathrani		
FOR UTILITY OR DESIGN			COMPLETE IF KNOWN					
	APPLICATION CFR 1.63)	rcharge	Application (	Number	10/76	31,159	-	
Declaration Submitted with Initial Filing	h 🛛 Declaration Subr OR Initial Filing (Su (37 CFR 1.16(e))		Filing Date		Janua	ary 20, 2004		
			Group Art U	nit				
			Examiner Na	ame				
As a below named inventor, I hereby declare that:								
My residence, mailing address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
MEDICAL DEVICE FOR PROVIDING ACCESS (Title of the Invention)								
the specification of which								
is attached hereto								
OR								
was filed on (MM/DD/YYYY) 01/20/2004 as United States Application Number or PCT International Application Number 10/761,159 and was amended on (MM/DD/YYYY)								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application								
and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign	<u> </u>	Foreign	Filing Date	Priority		Certifie	d Copy	
Application Number(s)	Country		D/YYYY)	Not Claime	ed		hed?	

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION - Utility or Design Patent Application								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s)	Filing Date (MM/DD/YYYY)							
		Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.						
I hereby claim the benefit under Title 35, U	nited States Code, § 120 of any United State	s application(s) listed below and, insofar						
as the subject matter of each of the claims	of this application is not disclosed in the prio	r United States application in the manner						
provided by the first paragraph of Title 35,	United States Code, §112, I acknowledge th	e duty to disclose material information as						
defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the								
national or PCT international filing date of this application:								
Application Serial No.	Filing Date	Status						
		Patented Patented Patented						
I hereby appoint:								
	Place Customer							
Practitioners at Customer Number	000027777	Number Bar Code						
		Label Here						
AND								
Practitioner(s) named below:  Name  Registration Number								
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.								
Address all telephone calls to Gerry S. Gressel at telephone number (513) 337-3535.								
Customer Number  Direct all correspondence to:								
Name:								
Address:								
Address:								
City:	State:	ZIP						
Country	Telephone:	Fax: (513) 337-8489						

٠,

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor **Given Name Family Name** (first and middle [if any]) Biten K. or Surname KATHRANI Inventor's Date 24th ma Signature  $\circ$ Residence: City Mumbai State Maharashtra **Country INDIA** Citizenship Indian **Mailing Address** Ganga Cottage, 2nd & 5th Road Jn. Khar State Maharashtra ZIP 400 052 **Country INDIA** I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor **Given Name Family Name** (first and middle [if,any]) Dr. Tehemton E or Surname Udwadia inventor's Signature Residence: City Mumbai State Maharashtra **Country INDIA Mailing Address** 10, Normandie-Carmichael Road City Mumbai State Maharashtra ZIP 400 026 Country INDIA I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF THIRD INVENTOR: A petition has been filed for this unsigned inventor Given Name **Family Name** (first and middle [if any]) Mangesh or Surname Patankar whomain Inventor's 2004 Signature Residence: City Nashik State Maharashtra **Country INDIA** Citizenship Indian Mailing Address Madhuri, Shikharewadi, Nashik Road - 422101 City Nashik State Maharashtra ZIP 422101 Country INDIA